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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM** 10/540,170 December 19, 2005 **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 Yongsen Chai, et al. (For use with Form PTO/SB/96) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 53 4. • Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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